

UNITED STATES DISTRICT COURT

FILED
U.S. DISTRICT COURT E.D.N.Y.
CLERK'S OFFICE

RECEIVED

for the

★ MAR 16 2020 ★

MAR 18 2020

District of

LONG ISLAND OFFICE

EDNY PRO SE OFFICE

Division

Case No.

CV-20 1329

(to be filled in by the Clerk's Office)

AZRACK, J.

Jury Trial: (check one) ☒ Yes ☐ No

TOMLINSON, M.J.

LORENA VELASQUEZ / CHILDREN

Plaintiff(s)

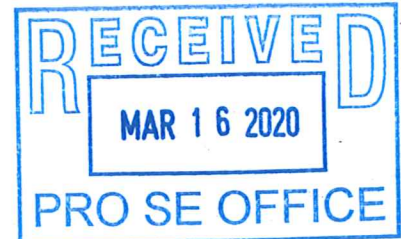
(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

WILLIAM FLOYD SCHOOL DISTRICT

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)



COMPLAINT FOR A CIVIL CASE ALLEGING NEGLIGENCE
(28 U.S.C. § 1332; Diversity of Citizenship)

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

LORENA Velasquez

Street Address

59 MONTGOMERY AVE

City and County

Mastic Suff / county

State and Zip Code

New York, 11950

Telephone Number

(631) 953-7600

E-mail Address

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

MICHAEL CORTIGIND
SPECIAL ED / TEACHER
230 VAN BURBN ST.
SHIRLEY, Suffolk/COUNTY
New York 11967

Defendant No. 2

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Richmond Mugno
Chairperson
260 MASTIC BEACH RD
MASTIC BEACH Suffolk/county
New York 11951

Defendant No. 3

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

JAMES Westcott
Principal (of Hobart Elem)
230 VAN BURBN ST
SHIRLEY, Suffolk/county
New York 11967

Defendant No. 4

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Dominic Ciliotta
ASSIST PRINCIPAL (of Adair Elem)
230 VAN BUREN ST
SHIRLEY Suffolk/county
New York 11967

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Under 28 U.S.C. § 1332, federal courts may hear cases in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000. In that kind of case, called a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff. Explain how these jurisdictional requirements have been met.

A. The Plaintiff(s)

1. If the plaintiff is an individual

The plaintiff, (name) NO, is a citizen of the
State of (name) _____.

2. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated
under the laws of the State of (name) _____,
and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

B. The Defendant(s)

1. If the defendant is an individual

The defendant, (name) NO, is a citizen of
the State of (name) _____. Or is a citizen of
(foreign nation) _____.

2. If the defendant is a corporation

The defendant, (name) William Floyd School District is incorporated under
the laws of the State of (name) _____, and has its
principal place of business in the State of (name) Mastic Beach, 11951.
Or is incorporated under the laws of (foreign nation) _____,
and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

C. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

On (date) 2/11/2020, at (place) Hobart Element School,

the defendant(s): (1) performed acts that a person of ordinary prudence in the same or similar circumstances would not have done; or (2) failed to perform acts that a person of ordinary prudence would have done under the same or similar circumstances because (describe the acts or failures to act and why they were negligent)

I took my SON TO HIS DOCTOR BECAUSE HE CAME FROM SCHOOL PREVIOUSLY COMPLAINING ABOUT HIS ANUS HURTING HIM MY SON IS BEEN ESTABLISHED AS BEING AN ARTISTIC STUDENT WITH TOILET ISSUES BUT HIM WEARING DIAPER HE NEED AN AID. THE TEACHER AND SCHOOL DENIED TO PROVIDE HIM ONE INSTEAD MY SON WAS FORCE TO HOLD CAUSING HIM PAIN AND SUFFERING

The acts or omissions caused or contributed to the cause of the plaintiff's injuries by (explain) He was in pain for several days, constipated, he had anxiety. I can provide the court with a doctor report

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I'm looking for my disabled son to receive money damages for \$1.5 million so I can use that money to place my son into a private school district where he can be treated with love and respect

I also would like my initial fee to be waived because I don't have the money!

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

03/11/2020

Signature of Plaintiff

Printed Name of Plaintiff



Lorena Velasquez

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

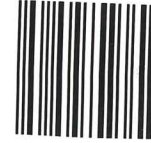
Telephone Number

E-mail Address

LORENA VELASQUEZ
59 MONTGOMERY AVE
MASTIC NY 11950



1000



11201

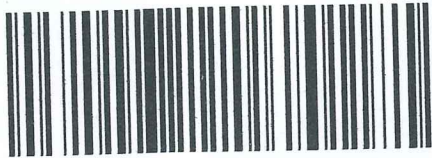
U.S. POSTAGE PAID
FCM LETTER
CENTRAL ISLIP, NY
11722
MAR 12, 20
AMOUNT

\$6.95

R2305K135153-04

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OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



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FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ MAR 16 2020 ★

BROOKLYN OFFICE

United States District Court
225 CADMAN PLAZA E
BROOKLYN NY 11201

1120181832 C030



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to: United States District Court 225 CADMAN PLAZA E, BROOKLYN N.Y. 11201</p> <p>2. Article Number (Transfer from service label) 9590 9402 5183 9122 1529 51</p>		<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Return Receipt for Restricted Delivery</p> <p>4. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent B. Received by (Printed Name) C. Date of Delivery</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	